

Headquarters U. S. Air Force

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Leader's Guide for Managing Personnel in Distress



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Leader's Guide For Managing Personnel in Distress

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Welcome to the **United States Air Force** Leader's Guide
for Managing Personnel in Distress

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For Official Use Only (FOUO).



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Leader's Guide Overview

- **Designed to help leaders**
 - **Recognize and respond to distress**
 - **Active duty and civilian unit members**
- **Guide development**
 - **24 month project**
 - **Working group: Commanders, First Shirts, IDS members, program managers (Family Advocacy; Suicide Prevention; Alcohol/Drug), MAJCOM Behavioral Health Consultants, AF Safety, civilian experts, content experts throughout AF**
 - **Involvement of over 100 individuals**



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Organization

- **CD, 35 areas of distress**
- **Each topic**
 - **Overview**
 - **Relevant policy**
 - **Suggested resources**
 - **References**
- **Checklist**
 - **Scenarios**
 - **Behaviors/signs**
 - **General support actions**



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Topics

- Alcohol and drug abuse
- Anxiety
- Civilian personnel
- Critical incidents/unit death/pre-exposure prep
- Depression
- Domestic violence and family maltreatment
- Suicidal behaviors
- Work related violence
- Work related stressors



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Topics, Cont.

- **Special family needs**
- **Legal problems**
- **Medical problems**
- **Sexual assault and rape**
- **Sexual harassment/stalked**
- **Physical assault**
- **Automobile accident**
- **Robbery/burglary/crime victim**
- **Relationship/marital problems**
- **Death of someone close**



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Topics, Cont.

- **Fire/destruction of property**
- **Financial pressures**
- **Separation/retirement**
- **Support during administrative separation**
- **CDEs/profiles/medical boards**
- **Psychiatric hospitalization**
- **Following personnel in distress**
- **IDS & other community organizations/resources**
- **Deployment and operational stressors**



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Topics, Cont.

- **Unintentional injury and safety**
- **Work performance problems**
- **Natural helpers-B.A.S.I.C. peer support**
- **Self care in distress prevention**
- **Leadership in action - strategies for distress prevention and management**
- **Deployments**



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Delivery

- **Release in Jan 04**
- **CD distributed via**
 - **MAJCOM Behavioral Health Consultants**
 - **MAJCOM IDS Chairs**
 - **MAJCOM New SQ, Group, Wing CC Courses**
 - **First Shirt Academy, PME**
 - **Behavioral Health and Line Conferences**
 - **Download from**

<https://www.afms.mil/afspp>



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Example: Suicide

I. Overview

- **Identifying Individuals at Risk**
- **Ways to Respond**
- **Intervening When Immediate Help is Required**
- **What Leaders Can Expect From Mental Health**
- **Suicide of a Unit Member**

II. Relevant Policy

III. Suggested Resources

Suicidal Behaviors--Checklist

[PRINT](#)

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
A member displays behaviors suggestive of risk for suicide	☐ Comments that suggest thoughts of suicide ☐ Giving away possessions ☐ Uncharacteristic risk taking (e.g., reckless driving) ☐ Appearing overwhelmed by recent stressor(s) ☐ Displaying significant change in mood ☐ Displaying poor impulse control ☐ Significant change in workplace performance ☐ Seeing situation as hopeless ☐ Obsessing about death, dying, etc. ☐ Making amends or challenging people in an aggressive manner ☐ Acquiring a method for suicide (e.g., buying a handgun) ☐ Rehearsing suicidal acts	☐ Ask "How are you doing?" "Is there anything I can do to help?" ☐ Inquire directly about whether he or she is considering suicide ("Have you had thoughts about wanting to harm or kill yourself?") ☐ Keep them safe--do not leave them alone ☐ Take steps to remove potential means of self-harm including firearms, pills, knives, and ropes ☐ If suicidal thoughts are present, encourage voluntary evaluation at LSSC immediately. Escort person to LSSC. Verify with LSSC that member was evaluated. ☐ If member declined to self-refer, initiate an emergency Commander Directed Evaluation ☐ Involve the Security Forces if agitated or combative ☐ If you need answers to specific questions in order to make a decision i.e., appropriateness for certain duties or retention in the Air Force, request a commander directed evaluation ☐ If hospitalization is required, inquire with LSSC about what assistance is needed (e.g., arranging for child care or pet care)

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	TAILORED SUPPORT
Behavioral health provider informs you that the member is at increased risk for suicide, but member refuses treatment and does not meet criteria for involuntary hospitalization	☐ Same as above	☐ Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible ☐ Express concern and encourage professional help-seeking ☐ Inquire as to whether the individual has at least one source of support. If needed, try to find an acceptable support person, such as the chaplain or peer ☐ Inquire about barriers of seeking help at LSSC ☐ Remove from duties involving access to weapons, poisons, etc. ☐ Collaborate with LSSC to develop plan to monitor risk and provide support. Frequent follow-up will be important ☐ Take steps to limit access to personal firearms, medications, or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces

The member is under suspicion or investigation for a UCMJ violation and shows evidence of suicidality	☐ Talking about suicide ☐ Depressed mood or agitation worsens ☐ Increasing hopelessness	☐ Consider LPSP program ☐ Discuss the nature of the protections with the member
The member is in treatment at LSSC but condition is worsening	☐ Increasingly impaired work performance ☐ Depressed mood or agitation worsens ☐ Increasing social isolation ☐ Worsening personal appearance ☐ Bizarre or unusual behavior ☐ Talking of suicide ☐ Noticeable change or decline after a period of stability	☐ Collaborate with LSSC to develop plan to monitor risk and provide support ☐ Take steps to limit access to personal firearms, medications or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces. ☐ Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible



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Example: Violence in the Workplace

I. Overview

- **Real Life Examples**
- **General Considerations**
- **Possible Indicators of Impending Violence/Triggers**
- **Assessing a Threat**
- **Leadership's Role in Early Prevention of Violence**
- **Someone is Disruptive, Agitated, Workers Threatened**
- **Post-Incidence Response**
- **And More**

II. Relevant Policy

III. Suggested Resources

Work Related Violence--Checklist

[PRINT](#)

GENERAL SCENARIO	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
Concern about potential violence by a unit member	☐ Fidgety ☐ Raised voice ☐ Impulsive actions ☐ Verbal threats ☐ Breaking, throwing or destroying things in anger or retribution for a perceived slight ☐ Clenching fists tightly ☐ Veiled threats ☐ Coworkers raise questions or express concern over the person's behavior ☐ Upset over recent events ☐ Challenging authority ☐ Recent major change in behavior, demeanor or appearance ☐ Withdrawal from normal activities, family, friends, or coworkers ☐ Harassing or mistreating others ☐ Excessive consumption of alcohol or use of drugs ☐ Escalation of work related problems or domestic problems ☐ Views self as a victim ☐ Preoccupation with violent incidents	☐ Seek to understand the member's grievance and the precipitating circumstances ☐ Summarize what you hear the individual saying ☐ Inquire about history of violent behavior (past behavior is the best predictor of future behavior) ☐ Encourage help seeking to learn skills for better managing conflict and emotions. Use Family Support Center, Health and Wellness Center, Employee Assistance Program, Family Advocacy Program and Life Skills Support Program (LSSC) as resources. ☐ If you need answers to specific questions in order to make a command decision regarding an active duty member i.e., appropriateness for certain duties for retention in the Air Force, request a Commander Directed Evaluation ☐ Be certain to document observations and responses thoroughly ☐ If violence appears imminent, call Security Forces. Make sure there is an escape route, keep a safe distance from the person, set limits calmly but firmly, pursue disciplinary options available.

Violence appears imminent/or member appears out of control

- ☐ Makes threats of physical harm
- ☐ Has a weapon
- ☐ Behaves in a manner that causes unit members to fear for safety
- ☐ Does not respond to previous efforts to calm him/her
- ☐ Throws objects
- ☐ Yells loudly or profanely
- ☐ May appear confused
- ☐ Flinging arms
- ☐ Strikes others

- ☐ Identify one person to lead/talk
- ☐ Remove non-essential staff
- ☐ Calmly and firmly set limits
- ☐ Ask the person to stop the problem behavior
- ☐ Keep a safe distance
- ☐ Call Security Forces immediately
- ☐ Activate your safety plan including a signal when help is needed
- ☐ Do not isolate yourself—keep the door open
- ☐ Use a calm, non-confrontational approach to defuse the situation
- ☐ Never touch the individual
- ☐ Do not mention discipline
- ☐ Do not hesitate to call for help
- ☐ Consult with **LSSC**
- ☐ Consider activating High Risk for Violence Support Team
- ☐ While waiting for Security Forces, assure the member is in a contained place
- ☐ Control the environment and secure safety for all unit Members
- ☐ While safety plan is being implemented, never leave person alone

**The person assaults
another member**

- ☐ Strikes another members
- ☐ Uses weapon or object to inflict harm

- ☐ Call Security Forces immediately
- ☐ Get the victim medical attention immediately if required
- ☐ If assailant or victim is a civilian employee, contact Civilian Personnel Office
- ☐ Consider [Critical Incident Stress Management](#) if the situation dictates



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Index Example: Alcohol and Drug Abuse

I. Overview

- **ADAPT Program**
- **Warning Signs of Problem Drinking**
- **Roles and Responsibilities of Leaders**
- **Methods of Identifying Substance Abusers**

II. Relevant Policy

- **ADAPT Referral and Intervention Process**
- **Completing the ADAPT Program**
- **References Relevant to Alcohol/Substance Abuse**
- **Identifying Drug Use**
- **Follow Through After Identification of Drug Use**

III. Suggested Resources

IV. References

Alcohol and Drug Abuse--Checklist

[PRINT](#)

GENERAL SITUATIONS	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
A unit member is known or is suspected of misusing alcohol or drugs	☐ Alcohol or drug-related incident ☐ Pattern of falls/accidents ☐ Member self-identifies and expresses concern over his/her alcohol use ☐ Frequent tardiness ☐ Member smells of alcohol at work or appears intoxicated during duty hours ☐ Hangover symptoms ☐ Change in member's functioning ☐ Public intoxication ☐ Frequently talking about alcohol and activities involving alcohol ☐ Decline or significant change in work performance ☐ Indications of physiological withdrawal (tremors, sweating, anxiety, and irritability) ☐ Interpersonal problems ☐ Changes in appearance ☐ Significant mood changes	☐ Demonstrate your concern about the potential substance misuse ☐ Schedule an ADAPT evaluation for the member ☐ Notify member of reason(s) for the evaluation ☐ If member is on flying status, notify flight surgeon ☐ Communicate support during the evaluation and treatment process ☐ Remind the member of safety issues

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	TAILORED SUPPORT
Alcohol and Drug Abuse Prevention and Treatment (ADAPT) makes alcohol diagnosis	☐ The member refuses to enter an ADAPT program ☐ Member enters ADAPT program	☐ Consult with the Staff Judge Advocate (SJA) ☐ Counsel the member about compliance with treatment ☐ Encourage successful completion of the ADAPT program ☐ Ask member how you can be of assistance ☐ Fully participate in member's treatment plan • Communicate with ADAPT regarding work performance • Participate regularly in treatment team meetings
Alcohol problem improves	☐ The person complies with the treatment plan ☐ The member seeks and engages in more healthy coping activities, such as exercise ☐ Work performance improves	☐ Recognize improvement of the problem ☐ Reinforce the member's progress

Problem with alcohol use continues during and after treatment

- ☐ Further alcohol-related incidents
- ☐ Coworkers/family members continue to express concern over the person's pattern of substance use
- ☐ Treatment program reports relapse(s)
- ☐ Person misses aftercare appointments or treatment meetings
- ☐ Person admits to having a relapse

- ☐ Follow-up with the person and remain attentive for signs of recurrence of the problem
- ☐ Consult with ADAPT regarding continued problems
- ☐ Continue to monitor work performance
- ☐ Support ADAPT random testing
- ☐ Describe probable future consequence to member if problems continue
- ☐ Maintain communication with the treatment program
- ☐ Follow-up with the person
 - Ask how he/she is doing
 - Suggest follow-up with Life Skills Support Center
- ☐ Consult with Staff Judge Advocate (SJA) if considering administrative separation



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QUESTIONS?

Integrity - Service - Excellence